

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		5/25/99
O.I.P.E. CLASSIFIER		31	5/25/99
FORMALITY REVIEW		61001	6/9/99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/25/99
2	✓	✓	5/25/99
3	✓	✓	5/25/99
4	✓	✓	5/25/99
5	N	✓	5/25/99
6	✓	✓	5/25/99
7	✓	✓	5/25/99
8	✓	✓	5/25/99
9	✓	✓	5/25/99
10	✓	✓	5/25/99
11	N	✓	5/25/99
12	✓	✓	5/25/99
13	✓	✓	5/25/99
14	✓	✓	5/25/99
15	✓	✓	5/25/99
16	✓	✓	5/25/99
17	N	✓	5/25/99
18	N	✓	5/25/99
19	N	✓	5/25/99
20	N	✓	5/25/99
21	✓	✓	5/25/99
22	✓	✓	5/25/99
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If more than 150 claims or 10 actions  
staple additional sheet here

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